

Digestive Disorders – Antiemetic/Antivertigo Agents

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	TD - Therapeutic Duplication
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DS Maximum Days’ Supply Allowed	PR – Enrollment in a Physician-Supervised Program Required	UN – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of Other Medication is Required	X – Prescriber Must Have ‘X’ DEA Number
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit
CU – Concurrent Use with Other Medication is Restricted	ER – Early Refill	RX – Specific Prescription Requirement	

Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

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POS Edits
No additional POS edits apply on all EXCEPT prochlorperazine.
BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for prochlorperazine for a behavioral health diagnosis when requested for recipients who are younger than 7 years of age.
BY – Prochlorperazine pharmacy claims that are submitted with a diagnosis code for severe nausea or vomiting (G43.A0, K91.0, R11.*) will bypass the Behavioral Health Clinical Authorization requirement for children younger than 6 years of age. <i>* Any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code</i>
DX – Pharmacy claims for prochlorperazine must be submitted with an appropriate diagnosis code found at THIS LINK in the ICD-10-CM Diagnosis Code Policy Chart under Pharmacy Resources.

Revision / Date	Implementation Date
Created POS Document	February 2020
Clarified BH is for prochlorperazine used for a behavioral health diagnosis / July 2020	July 2020
Modified to apply new age requirement for behavioral health clinical authorization / November 2020	January 2021